

# Miscellaneous Permit Application Checklist

This application is required for issuance of non-residential building permits. Please complete all areas of this application that apply to your type of construction. This checklist provides a list of the required documents for the issuance of a residential building permit.

#### Application and Related Documents

Yes No N/A

	Plan Review Approval. (Prior to issuance of the building permit, two sets of plans must be submitted to the building department for review and approval. This is generally a two to four week process. The building permit cannot be issued until plans have been approved. A review fee will be added at time of permit issuance for commercial permits.
	Completed Permit Application
	Land Use Permit (when applicable) obtained from Planning & Community Development 540-483-3027.
	Proof of Ownership (if not in property records) or letter from property owner*
	Zoning approval will be required for construction located in the Town of Rocky Mount or in the Town of Boones Mill.

\*NOTE: Property ownership, as verified through Franklin County Real Estate Tax Records, will reflect the permit holder. If the permit is to be issued in another name, a written letter from the existing property owner(s) giving permission for the specific structure on the property is required. The Real Estate Tax Identification number, subdivision name and lot number (if applicable) for the property is to be included in this letter. This statement is to be signed and dated by all property owner(s) – original signatures are required

Fees must be paid when building permit is issued. Acceptable methods of payment include check or cash. We do not accept credit or debit cards for payment at this time.

Development Service - Office of Building Inspections

1255 Franklin St., Suite 103, Rocky Mount, VA 24151 Phone: 540-483-3047; Fax 540-483-6665 Office Hours: Monday-Friday 8:00 A.M. - 4:30 P.M.



Development Services-Office of Building Inspections

(Office Use C Application #	
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1255 Complete Services-Office of Building Inspections	Application #	
1255 Franklin St., Suite 103, Rocky Mount, VA 24151 Phone (540)483-3047; Fax (540)483-6665	Date of Application	
MISCELLANEOUS I	PERMIT APPLIC	ATON
□RESIDENTIAL	□NON-RESIDENTIAL	
CATEGORY OF CONST	FRUCTION (check all applica	ible)
DAMUSEMENT DEVICE	□SIGN	
DBOAT DOCK	<b>□STORAGE TANK</b>	
DISTRIBUTION TERMINAL/FACILITY	<b>SWIMMING POOL</b>	•
<b>□ELEVATOR</b>	DTENT	
□MOVING/RELOCATION	□TOWER/ANTENNA	
□RETAINING WALL		
Estimated Value/Cost \$_		
SCOPE OF WORK (De	scribe work briefly, but thoroughly)	
T Ma ID 1-#	Tract #Secti	
PROPERTY OW	NER INFORMATION	
Name		
Mailing Address		
City/State/Zip		
Phone #Cell #		7
APPLICANT (If Other T	han Owner Applies For Permit)	
Name		
Mailing Address		
City/State/Zip		
Phone #Cell #	Fax #	
E-mail address		<u></u>

Not	e: A third party		AMUSEMENT D		eive a Certificate of Com	nlotion
				-		
Device description: Device set-up locati	ion			Device to be use	ed for what period of time	2
responsible i altyri	misteriei mitorina		useu, piease aisu cump	nele commación rosi	er)	
Address :						
			BOAT DOC	rks .		
Note: Copie:	s of AEP and Land	Use approval(s) are			ontractor information require	ed as applicable.
					·	
DIMENSIONS:	#	Boat Silps.	# r	-WC Litts		Sq. Ft.
Note: Copies of AEP and Land Use approval(s) are required prior to issuing this permit. Contractor information required as a # Boat Slips: # PWC Lifts:	<del></del>					
Floater:	x,	x	,x,	x	,x	<del></del>
3oat Slips/PWC:	x,	x	,x,	x	_,x	
Nalkway:	X	x,	x,	x	,x	
rviii electricity be pa If Yes, AEP Work Or	roviaed to dock' 'der #	r tes 🗆 Noc				
		DISTR	IBUTION TERM	INAL/FACILIT	· <b>Y</b>	<del></del>
Approvals from other	er County departm					i & others as applicable.
(Cirde One) INSTA	LLATION R	EMOVAL	(Circle	e One) UNDER	GROUND ABOVE GRO	DUND
TANK CONTENTS:	: □ <b>Propane</b> □Fu	uel Oil □Diesel d	□Gasoline □Other_			
SUPPLEMENTAL S	YSTEMS TO BE	INSTALLED:	# Tan	nke	# Gallons	
		MOTALLED.	# Tan	ıks	_ # Gallons	<del></del>
ELECTRICITY: Yes	□ <b>No</b> □		# Tan	ıks	# Gallons	
			EI EVATO	<b>1</b> D		
Note: A third par	rty inspection ce	ertificate is require	d for this permit to	receive a Certifi	cate of Completion. A ge	neral contractor and
DESCRIPTION			•	-	opiicable.	
					ACITY(lbe \	<del></del>
Name:			Phone			
Address :		*		<u> </u>		
			MOVINOIDELA	CATION		——————————————————————————————————————
Note: General co	ntractor required	d and others as ap	MOVING/RELO plicable. This perm	it is designed fo	r relocating an existing b	ouilding to an existing
CURRENT ADDRES				•	cted, this permit does no	•••
			x,x			
·		<del></del>	RETAINING V	WALL		
# OF INDIVIDUAL 14	VALLS		JAIALL MATE	DIAL CAMATA	Dlask- Other	
# OF INDIVIDUAL W WALL HEIGHT (Tota	al Feet)		WALL LENGT	RIAL: Concrete□ TH (Total Feet)	Block: Other ::	
AMOUNT OF FILL A	AGAINST WALL (	(In Feet)	_ WALL WILL	BE RETAINING:	Soil D OtherD	·

N		SIGNS			
Note: General contractor required and ot	hers as ap	plicable. Zoning	g approval is require	ed prior to issuin	g permit.
DIMENSIONS OF SIGN:x,x,	x	WILL SIGN B	E ILLUMINATED? Y	es □ No□	
SIGN MATERIAL: Steel @ Wood @ Brick @ Other @					
	STOR	AGE TANKS	<del></del>		
Approvals from other County departments may be necessary				actor is required &	others as applicable.
(Circle One) INSTALLATION REMOVAL TANK CONTENTS: □Propane □Fuel Oil □Diesel □ SUPPLEMENTAL SYSTEMS TO BE INSTALLED Fuel Lines: Yes□ No□		(Circle One)  Other # Tanks	UNDERGROUND # Gallo	ABOVE GROU	IND
Electricity: Yes a Noa		# Tanks		ons	
	CIAURA	WING DOO!			
Note: A gener		MING POOLS	hers as applicable.		
LOCATION: Interiorg Exteriorg					
DESCRIBE POOL MATERIALS			Above Ground ::		
WILL POOL HAVE DECK/PATIO? Yeso Noo # Yes, #					
Supplemental Systems To Be Installed: Electrical: Ye		_		Type	
IENIS	& MEMI	BRANE STRI	UCTURES		
Total covered overhead area (sq. ft.)			se for what period of t	ime?	
Purpose of Tent:					
Responsible party/installer information: (if contractor is use	ed, fill out o	contractor inform	ation then mark N/A b	pelow)	
Name:	Phor	ne			
Address :					
	TOWER	S & ANTENN	AS	<del></del>	
Note: General contractor required and oth				panied with seal	led plans.
Circle One: CO-LOCATION NEW TOWER Tow	wer Height	(maximum in fe	et)		
TOWER MATERIAL (i.e. steel)	_	-	em required by towe	er designer? Yes	n Nom
Supplement systems to be installed: ELECTRICITY? Y			-	-	
		-			
	CFRT	IFICATIO	)N		
·	<u>VLIXI</u>	II IOAIIC	///	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
I hereby certify that I am the owner of record authorized by the owner of record and that I have to conform to all applicable state and local reguinto the exercise of the permit. In addition, i representative shall have the authority to enter enforcing the provisions of the applicable code time of submittal. I recognize any changes to the Building Inspections Department.	ve been a llations, r if a perm the area (s). I affir	uthorized to nules and police tit is issued, (s) described to that the inf	nake this applicaticies and such sha I certify that the herein at any rea formation given in	on as a design Il be deemed a code official asonable hour this application	condition entering or his authorized for the purpose of
Signature of Applicant		<del></del>			
Please Print Your Name					
Date					

ffice Use Only	Application #	
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1255 Franklin St., Suite 103 Rocky Mount, VA 24151 Phone 540-483-3047 Fax 540-483-6665

## THIS FORM (BOTH PAGES) MUST BE COMPLETED WHEN LICENSED CONTRACTORS ARE USED

Date:	Job Amount \$
Applicant/Owner:	
Job Location:	
Virginia Board for C eligible exempt individuals. S furnish license information or The provisions of th Developers, Tenants and other	contractors Regulations requires work totaling \$1,000.00 or more to be made by licensed Virginia Contractors of action 54.1-111, in the Code of Virginia requires the building inspector or other authority to have the applicant evidence of exemption prior to the issuance of the building permit. This section apply to Owners acting as general contractors, General Contractors, Sub-Contractors, Builders and persons applying for permits. This form is to be completed and returned along with your permit applications. The not applicable, please designate those fields by indicating "n/a".
I, the undersigned, de	clare under penalty of law that the above information is true, correct, and complete to the best of my knowledge.
	(Signature)
	(Title)
	MECHANICS LIEN AGENT  Phone ( )
	, StateZip
Name	GENERAL CONTRACTOR  Type of Work
Address	Phone
City	State Zip
State License #	License Level (A, B or C)
Expiration Date	

# ROSTER OF SUB CONTRACTORS (List information as it appears on the contractor's license)

Name	Type of Work FOUNDATION	
Address	Phone ( )	
City	State Zip	
State License #Expiration Date	License Level (A, B or C)  Value \$	
Name	Type of Work PLUMBING	
Address	Phone ( )	
City	State Zip	
State License #Expiration Date	License Level (A, B or C)  Value \$	
Name	Type of Work ELECTRICAL	
Address	Phone ( )	
City	State Zip	
State License # Expiration Date	License Level (A, B or C) Value \$	
Name	Type of Work HVAC	
Address	Phone ( )	
City	State Zip	
State License #Expiration Date	License Level (A, B or C)  Value \$	
Name	Type of Work GAS FITTER	
Address	Phone ( )	
City	State Zip	
State License #Expiration Date	License Level (A, B or C)  Value \$	
Name	Type of Work	
Address	Phone ( )	
	State Zip	
State License #Expiration Date	License Level (A. B. or C)	

### **FOR BOATDOCKS ONLY:** Are there any existing boat facilities on the parcel? YES NO If so, is there a forty (40) foot separation distance between each pier, dock or boathouse facility measured from center of the point of construction on the shore of each facility? YES NO Distance from each side of walkway to side Right \_\_\_\_ft. Left\_\_\_\_ft. property lines Distance across to opposite shore \_\_\_\_ff. Distance dock will be out into the water \_\_\_\_ft. Height of dock at Mean Level \_\_\_\_ft. **FOR OFFICE USE ONLY:**

PERMIT NUMBER:

TAX MAP NUMBER: \_\_\_\_\_